

The Hip and Knee Questionnaire

ID

Instructions:

For the following questions, think about how your hip or knee has been affecting you over the last 3 months when taking your usual medication or using your usual aids (e.g., walking stick, frame or handrails). Please tick one box only for each question.

1. Do you have hip or knee pain that does not get better even when you rest (for example, while sitting)?

- None or mild pain
- Moderate pain
- Severe pain
- Extremely severe pain
- The pain is so severe that I cannot bear it

2. Do you have hip or knee pain when you first go to bed at night that stops you going to sleep?

- No or rarely
- I have pain that sometimes stops me going to sleep
- I have pain that often stops me going to sleep
- I have pain that stops me going to sleep most of the time
- I have pain that stops me going to sleep all the time

3. Do you have hip or knee pain that limits your walking?

- My walking is not limited by hip or knee pain
- I can walk for at least 30 minutes before pain stops me
- I can walk for about 10 to 15 minutes before pain stops me
- I can only walk for a short time (such as walking from one room to another room)
- I am not able to walk at all because of my hip or knee pain

4. Does your hip or knee make it difficult for you to look after yourself (such as washing yourself, getting dressed, going to the toilet)?

- No, I can look after myself → **Go to Question 6 (over the page)**
- There are some things I cannot do for myself
- There are many things I cannot do for myself
- I cannot do most things for myself
- I cannot look after myself because of my hip or knee

5. Do you get enough help with looking after yourself (such as washing yourself, getting dressed, going to the toilet)?

- I get as much help as I need
- Most of the time I get enough help
- Some of the time I get enough help
- I rarely get enough help
- I do not get enough help with looking after myself

- 6. Does your hip or knee affect your enjoyment of life?**
- No, or only a little
 - It makes it moderately difficult for me to enjoy my life
 - It makes it very difficult for me to enjoy my life
 - It makes it extremely difficult for me to enjoy my life
 - I cannot enjoy my life at all because of my hip or knee
- 7. Does your hip or knee cause difficulties with your relationships with people close to you (such as wife, husband, children and close friends)?**
- No, it does not cause difficulties with my relationships
 - It sometimes causes difficulties with my relationships
 - It often causes difficulties with my relationships
 - Most of the time it causes difficulties with my relationships
 - All of the time my hip or knee causes difficulties with my relationships
- 8. Does your hip or knee make it difficult for your household (yourself, family and others) to manage financially?**
- No, it does not affect my household finances
 - It makes it slightly difficult to manage financially
 - It makes it moderately difficult to manage financially
 - It makes it extremely difficult to manage financially
 - My household cannot manage financially at all because of my hip or knee
- 9. Have you been in paid work in the last 6 months?**
- No
 - Yes, my hip or knee does not make it difficult for me to work
 - Yes, but it is moderately difficult for me to continue to work because of my hip or knee
 - Yes, but it is very difficult for me to continue to work because of my hip or knee
 - Yes, but I have had to stop work because of my hip or knee
 - Yes, but working is difficult for me for **other reasons**
- 10. Do you need to look after people who require your care (such as a sick or disabled partner or family member)?**
- No
 - Yes, my hip or knee does not make it difficult for me to look after them
 - Yes, but it is moderately difficult for me to look after them because of my hip or knee
 - Yes, but it is very difficult for me to look after them because of my hip or knee
 - Yes, but I am unable to care for them because of my hip or knee
 - Yes, but it is difficult for me to look after them for **other reasons**
- 11. Overall, is your hip or knee problem different now compared with how it was 6 months ago?**
- It is better now
 - It is about the same now
 - It is a little worse now
 - It is moderately worse now
 - It is very much worse now

Some information about you

Today's date: ___ / ___ / _____

12. Title: Mr Mrs Miss Ms

Other _____

13. Your name:

14. Your date of birth: ___ / ___ / ___

15. Your home address:

Postcode: _____

16. Your postal address
(if different from home address):

Postcode: _____

17. Your gender? Please tick one:

Male

Female

Other

18. Did you need help from another person to read and understand this questionnaire?:

Yes No

19. Would you prefer to read and complete this questionnaire in another language?:

Yes No

Please tick the box next to your preferred language:

- Arabic
 - Chinese
 - Croatian
 - English
 - Greek
 - Italian
 - Macedonian
 - Maltese
 - Polish
 - Russian
 - Spanish
 - Turkish
 - Vietnamese
 - Other
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Thank you for taking the time to answer these questions